

## Reducing Public Speaking Anxiety Via Combining Psychotherapies With Speech Instruction

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### Abstract

This study explores the effectiveness of reducing college students' public speaking anxiety by combining advanced psychotherapies with skill-training-based speech instruction. Three prevalent psychotherapies are applied into public speaking class: acceptance and commitment therapy, exposure therapy and abdominal breathing and muscle relaxation method. Students' anxiety level is recorded and compared before and after psychotherapy interference. The results prove that students' speaking anxiety is reduced dramatically after this combined instruction which is then considered an effective way of reducing college students' English public speaking anxiety.

**Key words:** Public speaking anxiety; Acceptance and commitment therapy; Exposure therapy

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### INTRODUCTION

Public speaking is the process of verbal communication to a group of people in the manner of vocal language supported by body language intended to explicitly and completely express views, inform or entertain the listeners or to conduct propaganda activities on a specific issue. Western countries have been attaching great importance to speaking and debating rhetoric in college education and public speaking has been set as a compulsory course

in most colleges for the purpose of developing students' comprehensive competence since many years ago. Good expressing, speaking and communicative competence has been proved to not only create more opportunities for students' life, employment and career development but also help them succeed in fierce competition. Along with the acceleration of China's internalization, the ability of effective international communication in English has become one of the significant standards of assessing one's comprehensive competence. In order to nurture comprehensive English skills to meet current requirements for high college students and prepare them well for post-graduation employment and career development with distinctive advantages, more and more colleges in China offer the course of English public speaking to improve students' interpersonal communication capability and practical application of English and develop their logical thinking and concise presentation skills in English.

Thanks to more and more importance attached to development of English public speaking curriculum in high colleges, various researches related to this subject have been made. Among the researches on course design of English public speaking, Huang (2015) suggested a student-oriented approach under constructivism; Ye (2014) tried peer evaluation and assessed its performance; Zhao (2011) explored to apply case study method to English public speaking course based on analysis on the contents, process and effect of online case teaching; and Qin (2011) evaluated the effect of "student analysis" on improving efficiency of study in English public speaking classes. Most of these researches focus on analyzing the role played by different teaching methods in improving the output of English public speaking curriculum. However, few of them take consideration of students' psychological element in the curriculum design, focusing on helping them to relieve speaking anxiety so as to improve performances in delivering a speech. This paper brings in advanced therapies and some easy and feasible practices in

psychology to English public speaking classes, and, on the basis of the practical teaching pattern in this curriculum in our college, integrates psychological therapies into teaching of public speaking skills so as to construct a new model of college English public speaking classes.

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## 1. PUBLIC SPEAKING ANXIETY

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Delivering a public speech makes most people feel obviously nervous and anxious because it means possibly being stared at or arousing criticism from audiences or even making the speaker feel embarrassed when challenged by audiences. Public speaking anxiety (PSA) has been described as the most common anxiety among students (Motley, 1995), and further surveys among common people show that about one third of survey participants are distressed by public speaking anxiety (Pollard, et al., 1988). As a form of Communication Apprehension, anxiety arising out of public speaking is more or less experienced by everyone (McCroskey, 1985). For some people, such anxiety has indicated seriously adverse effect on their interpersonal communication, college study and career development (Goberman, 2011).

In college English public speaking classes in China, students are asked to deliver public speeches in the second language. They are not only distressed by interpersonal communication anxiety but also confronted with foreign language acquisition stress due to decoupling of target language with Chinese context, cultural differences, verbal communication barriers and tests & examinations, so they have stronger anxiety than pure speaking anxiety. A large number of students complained that they would find themselves racing heart, short of breath and cold hands and feet before delivering a speech, and weak and trembling voice, unstable glance, uncontrolled shaking of body or stuttering on words diminishing the result of speech. Some of them even tried several times but failed to finish a speech fluently. After speech, they felt strong frustration and annoyed at the mistakes made in the speech; they were worried about mockery from audiences and negative feedback from teachers. Therefore, in order to have a thorough research on English public speaking anxiety suffered by Chinese college students and improve the traditional teaching pattern in English public speaking, in addition to emphasizing speaking skills, this paper suggests to nurture and improve students' psychological quality by means of advanced psychological therapies and practical techniques to encourage them not only express their opinions accurately, explicitly and vigorously but also overcome their worry in delivering speeches, walk onto the stage confidently and finish the speeches excellently.

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## 2. REDUCING PSA VIA PSYCHOTHERAPY

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From the perspective of psychology, PSA is caused by mutual effect of cognitive system, behavioral system

and physiological system in such a way: speaker's cognitive system is negative or compromising against public speaking, always hinting that my voice is too weak to entertain audiences so that it would result in bad performance; speaker's behavioral system always tries to escape from rather than face public speaking by hinting that I'm not prepared well enough so that I would ask the teacher to exclude me this time; and speaker's physiological system controls internal chemical substances of the body imbalanced, for example, physical acid-base imbalance due to hyperventilation caused by stress and anxiety in public speaking brings about a series of physiological reactions such as increasing heart rate, shortness of breath, cold hands and feet, muscle rigidity and mental disorders. In consideration of public speaking anxiety caused by the three systems, related cognitive behavioral therapies in psychology are used to effectively cope with such disorders.

### 2.1 Acceptance and Commitment Therapy

Developed by Steven C. Hayes etc., Acceptance and Commitment Therapy (ACT) has become the cognitive behavioral therapy theory and practice holding a dominant position in "Third Generation Cognitive-behavioral Therapies" with functional contextualism as its philosophical basis and relation frame theory as its psychological foundation. Two major goals of ACT are: (a) to learn to accept unwanted but uncontrolled thoughts, emotion and feelings, and (b) to make commitment to the choice of a valued direction and take some so-far unlikely actions for achievement of a certain life goal (Eifert et al., 2009). This is why ACT is with regard to both acceptance and behavior change. In anxiety therapy by means of ACT, people will learn to take actions on their personal values rather than struggling with anxious thoughts; ACT teaches them to accept and just notices unwanted thoughts, feelings and sensations. ACT aims to help the individual reduce experiential avoidance, increase their psychological flexibility and clarify their personal values so as to take action on them, bringing more vitality and meaning to their life in the process.

ACT model aims to increase psychological flexibility through six core processes of change. These processes are not in and of themselves ACT, but are accessible constructs to target psychological flexibility (Twohig et al., 2013). The six processes within this model include acceptance, cognitive defusion, self as the context, being present, values, and committed action (Hayes et al., 2004). Acceptance means that people are willing to accept instead of trying to avoid their emotions, and they will never blame for their own painful experiences or attempt to control or avoid them. People choose to accept and embrace their emotions, clarify their personal values and take actions on achieving such values. Cognitive defusion is used to disconnect literal meanings with functions of thoughts and feelings. When a thought comes to our

mind firmly, it acts like a fact rather than only a thought, bringing about some reactions towards the contents of the thought more than the actual event itself. For example, when a student thinks his/her pronunciation is laughed at by others, such an idea is identified as an existing fact rather than his own thought, resulting in unintentional avoidance of speaking in front of the public. Cognitive defusion helps individuals learn that “thought” is just “thought” rather than “reality”, take “pronunciation is laughed at by others” as the noise on the street or result of past cognition and respond to such a thought on the basis of their personal values and current context rather than the wordings. Being present means focusing on the current context and events, going on rather than getting lost in memories or expectations. If an individual is overwhelmed in memories or expectations, he/she cannot experience and enjoy the current situation and psychological flexibility becomes impossible. In such cases, individuals might have such concerns as “Why shall I have another try since I failed to lose weight last time?” or “If I ask her out on a date, it’s likely I was rejected.” which would result in invalid actions, leading to missing of chances in realizing personal values. ACT adopts concentration practice in improving individuals’ observing and experiencing. As a kind of skill, skillfully experiencing current moment is acquired through continuous practices. Self observing is a transcendent sense of self known as “self-as-context”. ACT talks about three different senses of self that are related to self-knowledge: conceptualized self, self as process and observing self. The conceptualized self is the verbal content constructed by specific conceptualized properties; self as process is ongoing self-awareness such as thoughts, feelings and sensations; and self is regarded as context by pure observing, “I am what I am and boundless”. ACT teaches individuals to shift from conceptualizing self to observe self; observing self, existing independently, has experienced a lot of thoughts, feelings and actions but would not be defined or dominated by them (Kashdan et al., 2006). Value is individual’s choice of life direction and also related to their desire and longing. Value is not necessarily reached or realized; it’s used to continuously guide individual’s actions and choices in the process of value pursuit. Individual’s value seems far away, but there are always opportunities, gains and surprises on the way towards the value. It urges individuals to take actions to pursue for the life they are longing for. For example, animal protectionists devote their lives to protect animals from being killed; their actions have reduced the quantity of animals killed and attracted the world’s attention on killing animals although hunting and animal testing are still happening every day. Committed actions is for the purpose of value held; when an individual has significant and open reactions for pursuit of his/her value, commitment comes into being, indicating the individual’s willingness to accept changes for overcoming obstacles

(which were ever avoided) confronted on the way forward for the purpose of making progress towards his/her value. There is not necessarily commitment on success but on the ongoing progress.

## 2.2 Exposure Therapy

Exposure therapy is a special kind of psychotherapy that involves repeating real confrontation with a feared situation arising anxiety in order to grow gradually endurance and achieve habituation. It’s the major cognitive-behavioral psychotherapy broadly used in the treatment of anxiety disorders since its first emerging. Several sorts of exposure therapy have been developed, including slow exposure (“systematic desensitization”) vs. rapid exposure (“flooding”), implosive exposure vs. prolonged exposure therapy, exposure with vs. without accompanying coping techniques and in vivo exposure therapy vs. imaginary exposure therapy (Meuret et al., 2012).

Systematic desensitization based on the principle of reciprocal inhibition is widely used in reducing public speaking anxiety by accompanying a fear-inducing stimulus, i.e. by relaxation exercises, to eliminate patients’ anxiety. This is done by ranking the fear-inducing stimuli and exposing the patient to progressively stronger fear-inducing stimuli from the least fear-inducing. When a piece of stimulus is accepted by the patient as a habit and no longer arouses anxiety, he/she at a relaxed state can be exposed to the stronger stimulus. Fear is minimized at each of a series of steadily escalating steps or challenges (a hierarchy) until the fear is finally gone with relaxation.

## 2.3 Breathing and Relaxation Techniques

Anxiety and fear increase patients’ heart rate for breathing more oxygen for intense exercises (fight-and-flight response). But the body is not keeping intense exercises in anxiety, so excessive oxygen not consumed will result in hyperventilation. Hyperventilation means more oxygen than body needs is absorbed, but due to vasoconstriction, there is not enough oxygen reaching the brain and some parts of the body, bringing about feared bodily symptoms such as dizziness, shortness of breath, increased heart rate, acroanesthesia and sweaty palms.

It’s an important technique in controlling public speaking anxiety to reduce feared bodily symptoms by mastering an appropriate expiration type and frequency as well as a reasonable muscle relaxation skill.

Breathing techniques include breathing control and slow breathing. Breathing control refers to control of breath by diaphragmatic muscle (abdominal breathing) rather than chest muscle (chest breathing). In breathing control exercises, attention shall be focused on counting numbers in aspiration and meditating relaxation in expiration. Slow breathing means slowing breathing rate till finishing comfortably one cycle of aspiration and expiration within 6 seconds. Skillful abdominal breathing is helpful to effectively control the pace of breathing.

With repeated exercises, abdominal breathing and slow breathing can be realized at any time under any situation, so patients can use rhythmically abdominal breathing to overcome anxiety.

### 3. APPLICATION OF PSYCHOTHERAPY TO PUBLIC SPEAKING CLASS INSTRUCTION

The physiological and psychological methods available for overcoming anxiety (including breathing techniques, muscle relaxation skills, ACT and exposure therapy) can be applied to English public speaking classes to help students reduce public speaking anxiety. The combination aims to work out a set of detailed systematic physiological and psychological methods for overcoming public speaking anxiety and create a new teaching pattern of college English public speaking with a lively classroom and better teaching output on the basis of the traditional teaching model.

#### 3.1 Teaching Content and Method

Specific physiological and psychological methods for overcoming public speaking anxiety shall be developed in each stage of the course and integrated with knowledge explanation and skill transmission in traditional public speaking classes.

General introduction stage: introduce the significance of public speaking and the seven elements of the communication process through public speaking. According to the acceptance principles of ACT, lead students to have a right understanding of public speaking anxiety and establish a brand new relationship with self-anxiety by use of metaphor and analogy of ACT (such as violent storm). Explain and demonstrate breathing techniques, instructing students to slow the breathing rate and practice abdominal breathing rather than chest breathing, which are helpful for students to cope directly with bodily symptoms and contexts that arouse anxiety.

Learning and preparing stage of a speech: With respect to public speaking knowledge and techniques, learn how to choose a topic and goal for a speech, how to understand and entertain audiences, how to classify and evaluate the importance of supporting documents, how to organize the body of a speech and how to start and end the speech in a good way. Explain and demonstrate muscle relaxation skills. According to the principle of reciprocal inhibition, if a speaker feels relaxed, his/her anxiety and panic disorders will be inhibited. Students are required to practice breathing techniques and muscle relaxation skills as much as possible both in the classroom and after class like practicing a bicycle. Practice makes perfect, and the ultimate goal is to get relaxed whenever and wherever desired. By used of exposure therapy, students are instructed to make a list of 3 to 5 contexts that could

arouse public speaking anxiety and rank them by sensation or imagination from the weaker to the stronger influence. Through metaphor and mindfulness practice of ACT (such as passengers on the bus, the leaves drifted away, why it is like this, taking along your keys, etc.), students are guided to experience current events happening and get rid of cognitive fusion with an acceptance state of mind so as to improve psychological flexibility.

Practice stage of a speech: Learn how to use speech rhetoric device, how to choose the means by which speech is delivered in different situations and how to make use of auxiliary devices effectively in the speech; acquire techniques for informative speaking and persuasive speaking; and understand to apply the knowledge and skills acquired to practices. With the help of group members, students shall be exposed in contexts that could arouse public speaking anxiety gradually from the low to the top ranking. Get rid of anxiety disorders by use of breathing techniques and muscle relaxation skills, have a new view and understanding of stimuli and establish a brand new pattern of behaviors.

Post-speech stage: Conclude the application of knowledge and skills acquired into public speaking practices by self-evaluation and intra-group peer evaluation; fill in track records of anxiety disorders to compare anxiety status.

Being students-centered, this course is aimed to improve students' English speech competence through substantial oral exercises and speech practices after acquisition of knowledge and techniques of public speaking. After introduction of psychological disturbance methods and basic principles, students are asked to intensify their understanding through various types of exercises. After class, students are required to fill in track records to understand their control over anxiety disorders. Students are grouped for not only creating more effective exposure contexts for individuals but also correcting bad behaviors and demonstrating good behaviors during group activities. In addition, thanks to mutual consolation and encouragement among group members, individuals suffering anxiety disorders will have an inside feeling of being noticed and cared for, so their self-esteem is satisfied and self-confidence grows.

#### 3.2 Teaching Results and Evaluation

To investigate the effect of cognitive and behavior therapies on reducing students' public speaking anxiety, we tested and compared students' anxiety levels before and after taking therapies. Participants are 58 non-English sophomores who took English Public Speaking course. Research tools are three questionnaires: *Personal Report of Confidence as a Speaker (PRCS)*, *Self-Statements During Public Speaking (SSPS)*, and *Speech Anxiety Thoughts Inventory (SATI)*. PRCS scale is used to measure speaking anxiety while the speaker is giving public speech or statement. The scale contains 30 items,

which are answered with “Yes” or “No” and scored with “0” or “1”. The total score on the scale is 30. Higher score represents higher anxiety. Its Cronbach’s Alpha of pre-instruction and post-instruction was 0.841 and 0.867, which showed good internal consistency reliability in this study. SSPS is a self-report measure of public speaking related cognition. It has 10 items with both 5 “positive” and “negative” entries to control the convergence effect during the answering. Students rate the degree of their agreement to each statement on a 5-point Likert-type scale. The total score is 50, higher score represents higher anxiety. Cronbach’s Alpha for the pre-instruction and

post-instruction of current study was 0.725 and 0.746. SATI is a 23-item measure of cognitive state concerning public speaking anxiety. Students rate the extent to which they agree to statements regarding to their public speaking thought on a 5-point Likert-type scale. Cronbach’s Alpha for the current study was 0.906 and 0.882.

There is significant difference on participants’ anxiety level between pre-instruction and post-instruction test, which is shown on the paired-samples *t*-test ( $p=.000$ ). This result means that combing physiological and psychological methods with speech skills instruction will reduce students’ PSA effectively (see Table 1).

**Table 1**  
**Paired-Samples *T* Test For Pre- and Post-Instruction**

	N	Pre-instruction		Post-instruction		<i>t</i>	<i>p</i>
		Mean	SD	Mean	SD		
PRCS	58	16.04	4.232	12.68	4.711	6.275	.000
SSPS	58	20.38	7.443	14.53	5.999	11.654	.000
SATI	58	43.28	17.748	36.03	14.854	7.750	.000

## CONCLUSION

Anxiety in English speech is the negative mentality during English acquisition that has an adverse influence on the performance of English speech. Relieving the anxiety disorders in English speech plays an important role in improving English speech performance, nurturing students’ confidence on English expressions and consolidating their interpersonal communication capabilities and English application competence. As known by all, ACT (Acceptance and Commitment Therapy) is one of the advanced psychological scientific therapies representing the cutting-edge psychological therapy concept, exposure therapy is the psychological therapy mostly used in relieving anxiety disorders, and breathing techniques and muscle relaxation skills are used to directly cope with bodily symptoms aroused by anxiety. Applying the fundamental and most practical parts of these methods into the course of English public speaking to integrate with acquisition of English speech knowledge and skills will have a positive effect on relieving students’ anxiety in speech so as to facilitate achievement of education objective on public speaking and improve students’ speech competence. In the process of English speech education, teachers shall instruct students carefully and patiently to master and practice these psychological techniques and assist them to build healthy attitudes and habits for the purpose of a desirable output on the curriculum of English speech.

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